

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

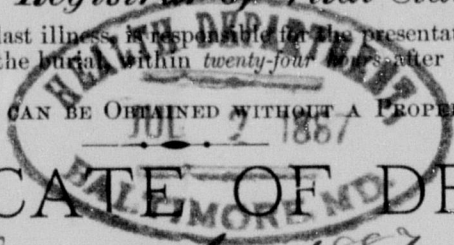
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 841 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 2nd 1887

Full Name of Deceased, Katie Betreinski

Sex, Male or Female, Male

Age, 6 Months, White Days.

Color, White

Married, Single, Widow or Widower, Single

Occupation, City

Birth Place, Since Birth

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, 607 S. Bond St

Cause of Death, Cholera Infantum

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Anthony's Cemetery

Date of Burial, July 2nd 1887

Undertaker, John H. Rehberger M. D.

Place of Business, 1709 Alice Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No.

842

Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness, is **responsible** for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not
required in this line. }

Age, Years, 3 Months, 7 Days

Color,

Married, Single, Widow or Widower, { Cross out the words not
required in this line. }

Occupation.....

Birth Place, { State or country, and how
long in the United States,
if of foreign birth. }

Duration of Residence in the City of Baltimore,.....

Place of Death, { Give Street and Number. } 246 N. Arling Ave.

Cause of Death, } First (Primary), ... *Marasmus* : (Since birth)
 } Second (Immediate), ... *Gastrointestinal Catarrh*

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 3rd 1884

(Undertaker, *Jos. Joudens & Son* Medical Attendant.

Place of Business, 210 W. Schneider Address, 1136 Lexington

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

843

Office of Registrar of Vital Statistics.

Ward

82

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

July 1st 1887

Full Name of Deceased,

{Write legibly and spell correctly. If an Infant not named, give names of parents.

William Edgar Libert

Sex, Male or Female,

{Cross out the word not required in this line.

Age,

Years,

10

Months,

Days.

Color,

white

Married, Single, Widow or Widower,

{Cross out the words not required in this line.

Occupation,

Birth Place,

{State or country, and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{Give Street and Number.

836 N. Front

Cause of Death,

{First (Primary),

Cholera infantum

{Second (Immediate),

Convulsions

Duration of Last Sickness,

7 days

All the above information should be furnished by the Physician.

Place of Burial,

Holy Cross Cemetery

Date of Burial,

July 3^d 1887

Undertaker,

Henry L. Mearns

Geo. B. Reynolds

M. D.

Medical Attendant.

Place of Business,

#413 E. Fayette St.

Address,

711 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

544

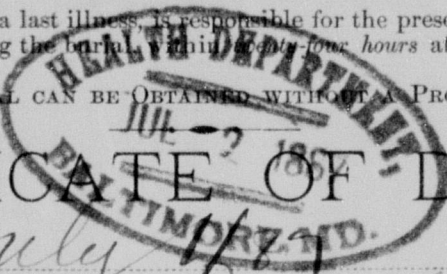
Office of Registrar of Vital Statistics.

Ward

1st

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CERTIFICATE OF DEATH.

Date of Death,

July 1/87

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Joseph Krug

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

5 Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number. }

13 5 Chapel St,

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Cholera Infantum

Duration of Last Sickness,

one week

All the above information should be furnished by the Physician.

Place of Burial,

St Alphonsus Cem

Date of Burial,

July 2nd 87

{ Undertaker,

G. C. France

Medical Attendant.

M. D.

{ Place of Business,

Frank & Wolf

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8413 Office of Registrar of Vital Statistics. Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Pohl

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, _____ Years, 6 Months, _____ Days.

Color, White. ✓

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, { Give Street and Number. } 1813 S. Fayette

Cause of Death, { First (Primary), Second (Immediate), } Gastro-enteritis.
Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Cem.

Date of Burial, July 3rd 87

{ Undertaker, G. France } W. Ricker M. D.
Place of Business, Bank & Wolf St Address, _____
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 846

Office of Registrar of Vital Statistics.

Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1887

Full Name of Deceased, Jacob Anton Retzer.

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male ~~or Female~~

{ Cross out the word not required in this line. }

Age, white

Years, 6

Months, —

Days —

Color, white

Married, Single, Widow or Widower, Single

{ Cross out the words not required in this line. }

Occupation, ✓

Birth Place, Balto. Md

{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life time

Place of Death, 528 N. Burk St.

{ Give Street and Number. }

Cause of Death, Cholera Infantum

{ First (Primary),

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus Cem.

Date of Burial, July 3rd 87

Undertaker, E. Pirance

Francis A. Gower

M. D.

Medical Attendant.

Place of Business, Font & Wofford

Address, 439 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

A 847

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd/86

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Lane Dorsey

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 Years, 4 Months, 0 Days.

Color, Light Copper

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt city

Duration of Residence in the City of Baltimore, 4 months

Place of Death, { Give Street and Number. } No 517 Paca st

Cause of Death, { First (Primary), Hot weather
Second (Immediate), Primary Cholera Infantis

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Mark St Cemetery

Date of Burial, July 2 1887

{ Undertaker, Hercules Reese } Benj L Bohrer M. D.
Medical Attendant.

{ Place of Business, 404 Cornway St } Address, cor Mulberry & Green st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

848

Office of Registrar of Vital Statistics.

Ward

8

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CERTIFICATE OF DEATH.

Date of Death,

July 2, 1887

1887

Sticks

Full Name of Deceased,

{Write legibly and spell correctly. If an Infant not named, give names of parents.

Ann Smith.

Sex, Male or Female,

{Cross out the word not required in this line.

Female

Age,

3

Years,

5

Months,

1

Days.

Color,

Color.

Married

Single,

Widow or Widower,

{Cross out the words not required in this line.

Single

Occupation,

None.

Birth Place,

{State or country, and how long in the United States, if of foreign birth.

Baltimore City

Duration of Residence in the City of Baltimore,

Life Time.

Place of Death,

{Give Street and Number.

708 Liberty alley.

Cause of Death,

{First (Primary),

Cholera Infantum

{Second (Immediate),

Exhaustion, Diarrhoea

Duration of Last Sickness,

about 3 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cem.

Date of Burial,

July 3rd 1887

Undertaker,

A. Pinkson

Pro. M. Corvian

M. D.

Medical Attendant.

Place of Business,

915 N. Gay St.

Address,

1224 E. Monument.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 849 Office of Registrar of Vital Statistics.

Ward 14

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CERTIFICATE OF DEATH.

Date of Death, June 30th 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jessie Friang
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 4 1/2 Years, 24 Months, 24 Days.
Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Un

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Bay View Asylu
24 hours

Duration of Residence in the City of Baltimore, 24 hours

Place of Death, { Give Street and Number. }

Arney Mc Kild's Hospital
Concussions

Cause of Death, { First (Primary), Second (Immediate), }

Cerebral Irritation
48 hours

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 2

{ Undertaker, C. A. Bizzara }

C. F. Beman

M. D.

Medical Attendant.

{ Place of Business, 1139 Pen Address, }

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 850 Office of Registrar of Vital Statistics. Ward 20

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Rhodes

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 77 Years, Months, Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the words not required in this line. } Single

Occupation, Brick Layer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Frederick City Md

Duration of Residence in the City of Baltimore, about 50 years

Place of Death, { Give Street and Number. } Townsend St # 605

Cause of Death, { First (Primary), Second (Immediate), } suicide by laudanum

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, July 4

Undertaker, C. H. Blyzard R. G. Spanow M. D.

Place of Business, 1131 E. ... Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]